

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2046AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2010
NAME OF PROVIDER OR SUPPLIER ARBORS MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 E PRATER WAY SPARKS, NV 89434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 4/27/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 54 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 44. Fifteen resident files were reviewed and 15 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 255	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on observation, interview, and record review on 4/27/10, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings Include:</p> <p>1. Cleaning and Sanitation Issues:</p> <p>a. The inside of the ice machine contained damaged sealant and hard water calcium build-up.</p> <p>b. The Kitchen Aid mixer was heavily soiled with food debris around the mixing stem.</p> <p>c. The Univex mixer in the back of the kitchen had rust and paint chipping.</p> <p>d. There was an exposed copper drain pipe attached to the walk-in refrigerator condenser.</p> <p>e. The steam table wells had food debris and grime build-up.</p> <p>f. Multiple cabinets inside of the food service room were heavily soiled with dirt and food debris.</p> <p>g. The floors under mounted shelving units and</p>	Y 255			

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Y 255	Continued From page 2 cooking equipment inside of the dry storage room and throughout the kitchen were soiled with food debris. h. A mop was improperly stored within the janitor's area. Severity 2: Scope 3	Y 255			
Y 434 SS=A	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review on 4/27/10, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 12 of 12 months. Severity: 1 Scope: 1	Y 434			
Y 693 SS=C	449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate	Y 693			

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Y 693	<p>Continued From page 3</p> <p>the equipment in accordance with the orders of a physician.</p> <p>(b) Ensure That:</p> <p>(1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen;</p> <p>(2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored;</p> <p>(3) Persons do not smoke in those areas where smoking is prohibited;</p> <p>(4) All electrical equipment is inspected for defects which may cause sparks.</p> <p>(5) All oxygen tanks kept in the facility are secured in a stand or to a wall;</p> <p>(6) The equipment used to administer oxygen is in good working condition;</p> <p>(7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and</p> <p>(8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.</p> <p>This Regulation is not met as evidenced by: Based on observation on 4/27/10, the facility failed to ensure that signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored for all five residents using</p>	Y 693			

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Y 693	Continued From page 4 oxygen. Severity: 1 Scope: 3	Y 693			

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